

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470

email: ethics@hawaiiethics.org

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STATE OF HAWAII STATE ETHICS COMMISSION LOBBYIST REGISTRATION FORM

(Type or Print Clearly)							
PARTI LO	BBYIST						
NAME(Last)	(Fir	rst)		(Middle)		TELEPHONE	
		on	T.			488-3533	
MAILING ADDR	ESS (Street) 99-1362 Palaialii Pl.				1. 1 ===	FAX	
(City) (State)			(Zip Code)				
	Aiea	НІ		96	701		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)						TELEPHONE	
	Okudara & Associates, In	nc.	,			534-1244	
MAILING ADDR	ESS (Street)					FAX	
	333 Queen St, #902					534-1247	
(City)		(State)			(Zip	Code)	
	Honolulu	НІ		96	813		

PART II ORGANIZATION				
NAME OF ORGANIZATION YOU LOBBY FOR	TELEPHONE			
Maui Land & Pineappl	(808) 877-3882			
MAILING ADDRESS (Street)	v* .			FAX
120 Kane Street				(808) 871-4375
(City)	(State)	*	(Zip C	Code)
Kahului	HI		9673	32
NAME OF PERSON RESPONSIBLE FOR PREPARI	NG ORGANIZATION'S EX	PENDITURES STATEMENT		TELEPHONE
Warren A. Suzuki				(808) 877-3882
MAILING ADDRESS (Street)		•		FAX
120 Kane Street		12		(808) 871-4375
(City)	(State)		(Zip C	ode)
Kahului	HI		967	32

PART III DESCRIPTION	OF SUBJECTS UPON WHICH	YOU EXPECT TO LOBBY					
Agriculture	Education	Human Services	Science, Technology & Economic Developmen				
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation				
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment (Transportation				
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)				
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections					
	N OF LOBBYIST						
I hereby certify that the	information furnished above is,	to the best of my knowledge, corre	ect and complete.				
me	1- (Alundara	- 140A	;				
	(Signature of Lobbyist)	(Date)					
PART V AUTHORIZATION	ON TO LOBBY		·				
NAME		TITLE OF AUTHORIZING OFFICER OR	PERSON REPRESENTED				
	Sr. Vice President/						
Warren A.	Warren A. Suzuki Government Relations						
NAME OF ORGANIZATION (if ap	TELEPH	ELEPHONE					
,							
Maui Land 8	nc. (80	8) 877-3882					
MAILING ADDRESS (Street)		FAX					
120 Kane St	reet	(808)	871-4375				
(City)	(State)	(Zip Code)					
Kahului	HI	96732					
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.							
	10						
~ C~	NO	1-25	-67				
(Signature of A	uthonzing Officer or Person Represente	ed) (Date)					